

**Workshops
for writers
fiction and non-fiction**

Workshop name(s) _____

Workshop date: _____

Name: _____

Address: _____

City: _____

Phone/e-mail: () _____

(to confirm your registration)

Payment enclosed: \$ _____

*(Cheque must be received at least one week
prior to the course, payable to Herb Ware)*

Send this form & payment to:

Herb Ware
at Editwrite Services

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Mississauga, Ont.
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